Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ALLIED MEDICAL CENTERS
PO BOX 24809
HOUSTON TX 77029

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name
CITY OF HOUSTON

Carrier's Austin Representative Box
Box Number 29

MFDR Tracking Number
M4-10-3891-01

MFDR Date Received
MAY 4, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "In our Request for Reconsideration, we advised the Insurance Company that we were having computer software issues causing the second modifier not to print. This was carefully explained in our Request for Reconsideration but apparently the insurance company overlooked our explanation. Once an error is explained and corrected, benefits should be paid… "

Amount in Dispute: $380.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the submitted documentation, Rule 133.250(d) states that the request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill; (2) included a copy of the original explanation of benefits, if received, or documentation that that a request for an explanation of benefits was submitted to the insurance carrier; (3) include any necessary and related documentation not submitted with the original medical bill to support the health care provider's position; and (4) include a bill-specific substantive explanation in accordance with Rule 133.3 of this chapter (relating to Communication between Health care Providers and Insurance Carriers) that provides a rational basis to modify the pervious denial or payment. With that being said, in accordance with Rule 133.20(g), health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier. The request for reconsideration should mirror the initial submission of the bill. Therefore, no additional recommendation is being made at this time."

Response Submitted by: IMO, 1250 W. Sam Houston Pkwy. Ste. 550, Houston, TX 77042

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 12, 2009 June 17, 2009	Physical Therapy Services	$380.00	$79.31

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration for payment of medical bills.
3. 28 Texas Administrative Code §133.20 sets out the procedures for medical bill submission by the health care provider.
4. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional services.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 331 – CCI Mutually Exclusive Procedures.
   - 362 – Services delivered under an OTPT physical therapy plan of care.
   - W1 – Workers Compensation State Fee Schedule Adjustment.
   - 16 – Claim/service lacks information which is needed for adjudication.
   - 962 – Units billed exceeds documented minutes of duration.
   - 222 – Charge exceeds Fee Schedule Allowance
   - 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
   - P32 – A First Health/Focus/Aetna Workers Comp Access LLC PPO contract discount was applied.
   - NFR – This bill indicates IMO Nurse Fee Review.
   - 942 – Incomplete billing info or support documentation. Charge will be evaluated upon receipt.

Issues

1. Does the requestor have a First Health/Focus/Aetna Workers Comp Access LLC PPO contract?
2. Did the requestor submit a new bill as a request for reconsideration; did the requestor request reconsideration on their new bill; and did the requestor submit documentation to support the services in dispute ?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier reduced or denied disputed services with reason code 45 – "Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement" and P32 – "A First Health/Focus/Aetna Workers Comp Access LLC PPO contract discount was applied." Review of the submitted information finds insufficient documentation to support that the disputed services are subject to a contractual agreement between the parties to this dispute. The above denial/reduction reason is not supported. The disputed services will therefore be reviewed for payment in accordance with applicable Division rules and fee guidelines.
2. Review of the submitted medical bill the health care provider added modifier -59 to the medical bill and submitted this bill as a request for reconsideration. According to 28 Texas Administrative Code §133.20(g) a health care provider may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier. Review of the submitted documentation finds that the health care provider submitted two bills stamped "Request for Reconsideration", one dated July 15, 2009 and one dated July 21, 2009 with the modifier -59 attached to the procedure codes. Also submitted by the health care provider is a fax confirmation sheet dated October 12, 2009 showing a request for reconsideration was made on the new bill. Therefore, the disputed dates of service will be reviewed in accordance with Division rules and the Labor Code.

   In accordance with 28 Texas Administrative Code §134.203(b) a CCI edit was applied to the billed CPT Codes; it was found that CPT Codes 97110 and 97140 were component procedures of CPT Code 97150. The requestor attached modifier -59 to procedure codes 97110, 97140 and 97032. According to Medicare modifier -59 is defined a distinct procedural service. Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day and is used to indentify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury not ordinarily encountered or performed on the same day by the same physician. This modifier is an important NCCI-associated modifier that is often used incorrectly. For the NCCI its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. If an edit allows us of NCCI-associated modifiers, the two procedure codes may be reported together if the two procedures are performed at different anatomic sites or different patient encounters. Documentation in the medical records must satisfy the criteria required by any NCCI-associated modifier used. Review of the documentation finds that requestor has not supported the use of the -59 modifier. Therefore, procedure codes 97110 and 97140 do not warrant

reimbursement.

28 Texas Administrative Code §134.203(c) states, in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications (1) … For surgery when performed in a facility setting, the established conversion factor to be applied is $66.32… (2) Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year." The MAR for the payable services may be calculated by (2009 TDI-DWC MEDICARE CONVERSION FACTOR) x Facility Price = MAR.

- CPT Code 97150-GP – (53.68 ÷ 36.0666) x $17.85 x 2 units = $53.13 - $22.64 (carrier payment) = $30.49
- CPT Code 97032-GP-59 – (53.68 ÷ 36.0666) x 16.40 x 2 units = $48.82

3. Review of the submitted documentation finds that reimbursement is due to the requestor.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $79.31.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $79.31 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		May 3, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.